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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 5011-017																	
(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))		First Inventor Raymond F. Ryan																	
		Title BIOLOGICAL SAFETY CABINET																	
		Express Mail Label No. EV173461553US																	
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231																	
<div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></div> <div>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</div> <div>3. <input checked="" type="checkbox"/> Specification [Total Pages 11] <i>(preferred arrangement set forth below)</i><ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</div> <div>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 1]</div> <div>5. Oath or Declaration [Total Pages 12]<div style="margin-left: 20px;"><div>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</div><div>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i></div><div>c. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</div></div></div> <div>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div>		<div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></div> <div>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><div style="margin-left: 20px;"><div>a. <input type="checkbox"/> Computer Readable Form (CRF)</div><div>b. Specification Sequence Listing on:<div style="margin-left: 20px;"><div>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</div><div>ii. <input type="checkbox"/> paper</div></div></div></div><div>c. <input type="checkbox"/> Statements verifying identity of above copies</div></div>																	
		ACCOMPANYING APPLICATIONS PARTS																	
		<div>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</div> <div>10. <input checked="" type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></div> <div>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></div> <div>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</div> <div>13. <input type="checkbox"/> Preliminary Amendment</div> <div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></div> <div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></div> <div>16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</div> <div>17. <input type="checkbox"/> Other: _____</div>																	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)</div><div>of prior application No: _____ / _____</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Prior application information: Examiner _____</div><div>Group / Art Unit: _____</div></div> <p style="font-size: small; margin-top: 5px;">For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																			
17. CORRESPONDENCE ADDRESS																			
<div style="display: flex; align-items: center;"><div><input checked="" type="checkbox"/> Customer Number or Bar Code Label</div><div style="border: 1px solid black; padding: 2px; margin: 0 10px;">25184</div><div><input type="checkbox"/> Correspondence address below</div></div> <div style="text-align: center; font-size: small; margin-top: 5px;">(Insert Customer No. or Attach bar code label here)</div>																			
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%; padding: 5px;">Name</td><td colspan="3" style="height: 20px;"></td></tr><tr><td style="padding: 5px;">Address</td><td colspan="3" style="height: 20px;"></td></tr><tr><td style="padding: 5px;">City</td><td style="width: 20%; padding: 5px;">State</td><td style="width: 20%; padding: 5px;">Zip Code</td><td style="width: 40%; padding: 5px;"></td></tr><tr><td style="padding: 5px;">Country</td><td style="padding: 5px;">Telephone</td><td style="padding: 5px;">Fax</td><td style="padding: 5px;"></td></tr></table>				Name				Address				City	State	Zip Code		Country	Telephone	Fax	
Name																			
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<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 25%; padding: 5px;">Name (Print/Type)</td><td style="width: 25%; padding: 5px;">William J. Mason</td><td style="width: 25%; padding: 5px;">Registration No. (Attorney/Agent)</td><td style="width: 25%; padding: 5px;">22,948</td></tr><tr><td style="padding: 5px;">Signature</td><td style="padding: 5px;"></td><td style="padding: 5px;">Date</td><td style="padding: 5px;">7/28/23</td></tr></table>				Name (Print/Type)	William J. Mason	Registration No. (Attorney/Agent)	22,948	Signature		Date	7/28/23								
Name (Print/Type)	William J. Mason	Registration No. (Attorney/Agent)	22,948																
Signature		Date	7/28/23																

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2240 U.S. PTO
10/628768
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01576 U.S. PTO
07/28/03

PTO/SB/17 (10-01)

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 415

Complete if Known

Application Number
Filing Date
First Named Inventor **Raymond F. Ryan**
Examiner Name
Group Art Unit
Attorney Docket No. **5011-017**

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **501923**
Deposit Account Name **MacCORD MASON PLLC**

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	375
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$ 375

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20** =	X	
Multiple Dependent Claims	-3** =	X	

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	
120 320	220 160	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	40
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$40

SUBMITTED BY

Name (Print/Type)	Registration No. (Attorney/Agent)	Telephone	Date
William J. Mason	22,948	(910) 256-3557	7/23/03
Signature			

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Honorable Director of Patents and Trademarks
Washington, D.C. 20231

Sir:

CERTIFICATE OF MAILING/EXPRESS MAIL

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Date of Deposit: July 28, 2003

I hereby certify that this paper, which is a patent application entitled BIOLOGICAL SAFETY CABINET (Our File No. 5011-017) is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

William J. Mason
Registration No. 22,948

Mailed By

